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PTO/SB/50 (4/98)

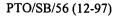
Approved for use through 09/30/2000. OMB 0651-0033 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

		Attorney Docket No.		18602-06524		
		First Named Inventor		Guy G. Riddle		
Box Reissue	Orig	inal Patent Number		5,983,261	5,983,261	
Commissioner For Patents Washington, DC 20231	Orig	ginal Patent Iss (Month/Day/)		November 9, 19	999	
	Exp	ress Mail Label	l No.	EL668937264U	JS	
APPLICATION FOR REISSUE OF: (check applicable box)	\boxtimes	Utility Patent		Design Patent	Plant Patent	!
APPLICATION ELEMENTS		ACCO	MPANY	YING APPLICATION	ON PART	S
1. X *Fee Transmittal Form ((PTO/SB/56) (Submit an original, and a duplicate for fee processing)				status/support for all chee 37 CFR 1.173(c).	nanges to	
2. Specification and Claims (amended, if appropriate,)		rmation Demo	Disclosure S)/PTO-1449	Copies of II Citations	DS
3. Drawing(s) (proposed amendments, if appropriate)			lish Trans pplicable)	slation of Reissue Oath	/Declaration	1
4. Reissue Oath/Declaration (unsigned) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)		10. *Small Entity Statement filed in prior application, Statement(s) Status still proper and desired				
5. Original U.S. Patent			O/SB/09-12	?)		
Original U.S. Patent for Surrender				mendment and Statem		s/
Ribboned Original Patent Grant			port for all 37 CFR 1	l changes to the claims .173(c).		
Statement of Loss (PTO/SB/55)				ot Postcard (MPEP 503	3)	
6. Original U.S. Patent currently assigned?				ecifically itemized)	•	
Yes No		13. 🗌 Oth	er:			
(If Yes, check applicable box(es))						
		l				-
Written Consent of all Assignees (PTO/SB/53)		*NOTE	FOR ITEMS I	<u>& 10</u> : IN ORDER TO BE ENT FEES, A SMALL ENTITY STA	ITLED TO	
37 C.F.R. § 3.73(b) Statement Power of Attorn	ey	IS REQU	JIRED (37 C.I	F.R. § 1.27), EXCEPT IF ONE F N IS RELIED UPON (37 C.F.R.	ILED IN A	
14. CORRES	PON	DENCE AD	DRESS			
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PATENT .TRADEMARK OFFICE						
(Insert Customer No. or Attach bar code label here)						
Name (Print/Type) Sze-Hang Lo		Regis	stration No	o. (Attorney/Agent)	48,388	
Signature Lily .		•	Date	November 9, 200	01	





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18602-06524

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Number Filed in

33

4

(B)

(D)

Docket Number (Optional)

Claims as Filed - Part 1 Small Entity (3) Other than a Small Entity Number Extra Reissue Application Rate Fee Rate Fee 13 x \$ or x \$18.00 =234.00 x \$84.00 =84.00 Basic Fee (37 CFR 1.16(h)) \$ 740.00 Total Filing Fee OR \$1,058.00

Claims as Amended - Part 2									
	(1)		(2)	(3)					
	Claims Remaining		Highest Number	Extra	Small	Entity		Other than a	a Small Entity
	After Amendment		Previously	Claims	Rate	Fee		Rate	Fee
#			Paid For	Present					
Total Claims	***		.**						
(37 CFR 1.16(j))	33	MINUS	20 =	*= 13	x \$		or	x \$ <u>18.00</u> =	234.00
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Independent	***		*****						
Claims (37 CFR 1.16(i))	4	MINUS	3 =	= 1	x \$			x \$ <u>84.00</u> =	84.00
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			To	tal Additional	Fee	\$		OR	\$ <u>318.00</u>
							<u> </u>		

*	If the entry in ()	D) is	less than t	the entry in (C),	Write "0"	ın column 3.

Claims in

Patent

4

2

(A)

(C)

For

Total Claims

(37 CFR 1.16(j))

Independent

Claims (37 CFR 1.16(i))

A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be
required or credit any overpayment to Denosit Account No

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	required, or credit any overpayment to Deposit Account No		•	
	A duplicate copy of this sheet is enclosed.			

X	A check in the amoun	of \$ PLEASE DEFER	to cover the filing t	fee is enclosed.
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November 9, 2001	Lahron .
Date	Signature of Applicant Attorney or Agent of Record

Sze-Hang Lo, Reg. No. 48,388

Typed or printed name

18602/01002/SF/5062417.1

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

After any cancellation of claims

If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

[&]quot;Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).